

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213556912					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: LOUISA COUNTY CHAMBER OF COMMERCE, INC.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: KELI K HAROLD 214 FREDERICKSBURG AVE. LOUISA, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: LOUISA COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 9/30/2013</p> <p>SCC ID NO: 05275003</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED			
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 214 Fredericksburg Avenue P.O. Box 955</p> <p style="text-align: center;">CITY/ST/ZIP: LOUISA, VA 23093</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JACK MANZARI TITLE: CHAIRMAN ADDRESS: 547 SPRING VALLEY FARM LANE CITY/ST/ZIP/CO: MINERAL, VA 23117 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: JACK MANZARI TITLE: CHAIRMAN ADDRESS: 547 SPRING VALLEY FARM LANE CITY/ST/ZIP/CO: MINERAL, VA 23117	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRIAN GILBRETH DIRECTOR P.O. BOX 280 MINERAL, VA 23117	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PATRICK HANLEY DIRECTOR P.O. BOX 878 LOUISA, VA 23093	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAGE KEMP DIRECTOR 1022 HALEY DRIVE MINERAL, VA 23117	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVE MOBERLEY DIRECTOR 4634 COURTHOUSE RD. MINERAL, VA 23117	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	D.D. WATSON DIRECTOR 117 WEST ST. LOUISA, VA 23093	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL YATES DIRECTOR 164 CAMP CREEK PKWY GORDONSVILLE, VA 22942	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BILL SMALL DIRECTOR 4400 BYRD MILL ROAD LOUISA, VA 23093	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KELI HAROLD EXEC DIRECTOR P.O. BOX 955 214 FREDERICKSBURG AVE. LOUISA, VA 23093	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ KELI HAROLD SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KELI HAROLD, EXEC DIRECTOR PRINTED NAME AND CORPORATE TITLE	11/21/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			